

FILED JUL 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

157 022988  
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5779

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>				c. CITY OR TOWN <u>St. Louis</u>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2500 W. Sullivan</u> Length of stay in lb <u>64 yrs.</u>				d. STREET ADDRESS (If outside, give location) <u>2500 W. Sullivan</u>			
3. NAME OF DECEASED (Type or print) <u>Charles B Weidinger</u>				4. DATE OF DEATH <u>June 19, 1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 25, 1892</u>	
9. AGE (In years last birthday) <u>64</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Shoemaker</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Charles Weidinger</u>				14. MOTHER'S MAIDEN NAME <u>Anna Dietz</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>—</u>			
17. INFORMANT <u>Anna Weidinger</u>				Address <u>2500 W. Sullivan</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio Sclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>420.0</u> DUE TO (c) <u>—</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY: Hour <u>—</u> a. m. <u>—</u> p. m. <u>—</u> Month, Day, Year <u>—</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>5:15 P.</u> to <u>—</u> and last saw her <u>him</u> alive on <u>—</u> Death occurred at <u>—</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>E. R. Rupp</u> (Degree or title)				22b. ADDRESS <u>31300 Clave</u>		22c. DATE SIGNED <u>6/21/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6/24/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Florissant Missouri</u>	
24. FUNERAL DIRECTOR <u>Morrell Funeral Home</u> ADDRESS <u>3710 N. Grand</u>				25. DATE RECD. BY LOCAL REG. <u>JUN 21 1957</u>		26. REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

S.P.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 41

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.